

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007175

STATE FILE NUMBER

AMENDED

Registration District No. 206Primary Registration District No. 2042Registrar's No. 19

FILED FEB 16 1962

## 1. PLACE OF DEATH

a. COUNTY

MADISON

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN FREDERICKTOWN

Length of stay in 1b

13 yrs

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION 715 SOUTH MAIN ST.

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

MADISON

admission)

c. CITY

OR TOWN

FREDERICKTOWN

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location) 715 SOUTH MAIN ST.

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First

Middle

Last

WALTER CLEVELAND MCFARLAND

4. DATE OF DEATH

Month

Day

Year

FEB. 9, 1962

## 5. SEX

MALE

## 6. COLOR OR RACE

WHITE

## 7. Married

Never Married ☐Widowed ☐Divorced ☐

## 8. DATE OF BIRTH

6-10-1888

## 9. AGE (last birthday)

73 (THREE)

## IF UNDER 1 YEAR

Months 7 Days 29 Hours Min.

## IF UNDER 24 HR

Months 7 Days 29 Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

INSURANCE AGENT

## 10b. KIND OF BUSINESS OR INDUSTRY

General Lines

## 11. BIRTHPLACE (City and state or country)

MADISON Co. Mo.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

HENRY MCFARLAND

## 13b. MOTHER'S MAIDEN NAME

ELIZABETH PAYTON

## 14. NAME OF HUSBAND OR WIFE

CORA MCFARLAND

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

CORA MCFARLAND, FREDERICKTOWN, Mo

## Address

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Severe Gastric and Intestinal Haemorrhage.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Multiple Carcinoma of Intestine

## DUE TO (c)

and Abdominal Organs

## INTERVAL BETWEEN ONSET AND DEATH

25 minutes

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Mitral Insufficiency

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

## 20d. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

1962 to Feb 9 1962

## and last saw him alive on

Feb 8 1962

Death occurred at

H. 50 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

S. C. Slaughter

## (Degree or title)

M.D.

## 22b. ADDRESS

135 W. Main Fredericktown

## 22c. DATE SIGNED

Feb 10 1962

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

## 23b. DATE

2-11-1962

## 23c. NAME OF CEMETERY OR CREMATORY

Old Masonic Cemetery

## 23d. LOCATION (City, town, or county)

FREDERICKTOWN, Mo.

## 24. FUNERAL DIRECTOR

SAM NAJIM, Jr., FREDERICKTOWN, Mo

## ADDRESS

## 25. DATE RECD. BY LOCAL REG.

2-10-1962

## 26. REGISTRAR'S SIGNATURE

Tharance Hicks

(Licensed Embalmer's Statement on Reverse Side)

FEB 19 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Charles F. Deiss Jr.

Licensed Embalmer No. 5119

P. O. Address 218 E College  
Fredericktown Md

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.